

CitizenAudit.org

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning , 2005, and ending ,**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.POLYNESIAN CULTURAL CENTER
55-370 KAMEHAMEHA HIGHWAY
LAIE, HI 96762**D** Employer Identification Number

99-0109908

E Telephone number

(808) 293-3005

F Accounting method:
☐ Cash ☒ Accrual
☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If "Yes," enter number of affiliates ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G** Web site: ▶ N/A**J** Organization type (check only one)▶ ☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 53,649,817.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	2,260,999.		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 2,260,999. noncash \$)	1d	2,260,999.		
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	23,678,302.		
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4	327,627.		
5 Dividends and interest from securities	5			
6a Gross rents	6a	1,243,974.		
b Less: rental expenses	6b	405,057.		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	838,917.		
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	42,782.	
b Less: cost or other basis and sales expenses	(B) Other	8b	50,219.	
c Gain or (loss) (attach schedule)		8c	-7,437.	
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	-7,437.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here. <input type="checkbox"/>				
a Gross revenue (not including reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a	22,193,358.		
b Less: cost of goods sold	10b	6,296,972.		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	15,896,386.		
11 Other revenue (from Part VII, line 103)	11	3,902,775.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	46,897,569.		
13 Program services (from line 44, column (B))	13	40,851,850.		
14 Management and general (from line 44, column (C))	14	5,498,076.		
15 Fundraising (from line 44, column (D))	15	44,552.		
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17	46,394,478.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	503,091.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	33,586,854.		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-63,317.		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	34,026,628.		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0109L 02/03/06

Form 990 (2005)

SCANNED DEC 06 2006

9-15 21

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	891,039.	0.	44,552.
26	Other salaries and wages	26	18,673,662.	17,021,290.	
27	Pension plan contributions	27	1,503,655.	1,308,180.	
28	Other employee benefits	28	3,196,663.	2,781,096.	
29	Payroll taxes	29	1,153,139.	1,003,231.	
30	Professional fundraising fees	30			
31	Accounting fees	31	43,735.	43,735.	
32	Legal fees	32	27,099.	27,099.	
33	Supplies	33	913,437.	876,900.	
34	Telephone	34	191,543.	132,165.	
35	Postage and shipping	35	45,040.	40,536.	
36	Occupancy	36	2,777,867.	2,555,638.	
37	Equipment rental and maintenance	37	961,061.	884,176.	
38	Printing and publications	38	2,099,313.	1,889,382.	
39	Travel	39	465,940.	358,774.	
40	Conferences, conventions, and meetings	40	51,600.	46,440.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	3,605,518.	2,956,525.	
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 4	43a	9,794,167.	8,997,517.	796,650.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	46,394,478.	40,851,850.	5,498,076.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

BAA

Form 990 (2005)

Part III	Statement of Program Service Accomplishments
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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ EDUCATIONAL & CULTURAL MUSEUM

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others)

a SEE STATEMENT 16.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

40,851,850.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

C

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

40,851,850.

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing		45	
	46 Savings and temporary cash investments	6,640,721.	46	6,584,773.
	47a Accounts receivable	47a 2,638,101.		
	b Less: allowance for doubtful accounts	47b 221,858.	1,596,992.	47c 2,416,243.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	1,415,728.	52	1,610,304.
	53 Prepaid expenses and deferred charges	601,011.	53	296,163.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 80,573,013.			
b Less: accumulated depreciation (attach schedule)	57b 49,419,270.	31,079,485.	57c 31,153,743.	
58 Other assets (describe ► <u>SEE STATEMENT 6</u>)	324,136.	58	671,224.	
59 Total assets (must equal line 74) Add lines 45 through 58	41,658,073.	59	42,732,450.	
LIABILITIES	60 Accounts payable and accrued expenses	2,205,116.	60	2,894,383.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► <u>SEE STATEMENT 7</u>)	5,866,103.	65	5,811,439.
66 Total liabilities. Add lines 60 through 65	8,071,219.	66	8,705,822.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	30,432,492.	67	30,211,582.
	68 Temporarily restricted	2,174,337.	68	2,103,201.
	69 Permanently restricted	980,025.	69	1,711,845.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).	33,586,854.	73	34,026,628.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	41,658,073.	74	42,732,450.

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Form 990 (2005)

Yes	No
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75b		X
75c		X
75d	X	

75b		X
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75c		X
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d Does the organization have a written conflict of interest policy?

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Yes	No
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76		X
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77		X
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78a	X	
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78b	X	
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79		X
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80 a	X	
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81 a	0
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81 b		X
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Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	N/A	
d Section 162(e) lobbying and political expenditures	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b Gross receipts, included on line 12, for public use of club facilities	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	X	
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 ; section 4955 0		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed	NONE	
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90 b	1,427
91 a The books are in care of	LARRY YUEN	
Telephone number	(808) 293-3171	
Located at	55-370 KAMEHAMEHA HWY, LAIE, HI,	
ZIP + 4	96762	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	N/A	
and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

BAA

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <u>ADMISSIONS</u>	711130	8,568,888.			20,878,500.
b <u>ADMISSIONS REFUNDS</u>	712100	-29,131.			
c <u>SALES COMMISSIONS</u>	712100	-1,403,057.			-3,170,003.
d <u>SALES DISCOUNTS</u>	712100	-599,311.			-567,584.
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.			14	327,627.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	838,917.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-7,437.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453000	662,073.	3	13,755,078.	1,479,235.
103 Other revenue: a					
b <u>HAWAII CAPTL GOODS CR</u>	711130	1,048.			
c <u>TRANSPORTATION</u>			3	3,901,727.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		7,200,510.		18,815,912.	18,620,148.
105 Total (add line 104, columns (B), (D), and (E))					44,636,570.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	6SEE STATEMENT 16.
102	SEE STATEMENT 17.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
POLYNESIAN CULTURAL CTR. PROP. 55-370 KAMEHAMEHA HIGHWAY LAIE, HAWAII 96762, 99-0199388	100.000 % % % %	INACTIVE	0.	946.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 11/14/06

Type or print name and title: P. ALBERT GRACE V.P.

Paid Preparer's Use Only

Preparer's signature: GARY J. MYERS Date: 11/10/06

Firm's name (or yours if self-employed), address, and ZIP + 4: LAKE, HILL & MYERS
6695 SOUTH 1300 EAST
SALT LAKE CITY, UT 84121

Check if self-employed: ☐ Preparer's SSN or PTIN (See General Instruction W): P00104284

EIN: 87-0491579

Phone no: (801) 947-7500

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

POLYNESIAN CULTURAL CENTER

Employer identification number

99-0109908

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14		514,881.	50,535.	0.
Total number of other employees paid over \$50,000 ▶		0		

Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE OVER \$50,000		0.
Total number of others receiving over \$50,000 for professional services ▶		0

Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. \$ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
SEE STATEMENT 15		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
SEE FORM 990, PART V		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,496,500.	3,371,765.	1,416,093.	81,443.	9,365,801.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	33,712,316.	28,945,935.	25,572,005.	21,848,964.	110,079,220.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	897,976.	685,964.	593,698.	559,467.	2,737,105.
19 Net income from unrelated business activities not included in line 18	7,694,766.	6,610,199.	6,876,473.	5,899,626.	27,081,064.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22	46,801,558.	39,613,863.	34,458,269.	28,389,500.	149,263,190.
24 Line 23 minus line 17	13,089,242.	10,667,928.	8,886,264.	6,540,536.	39,183,970.
25 Enter 1% of line 23	468,016.	396,139.	344,583.	283,895.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 N/A				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add. Amounts from column (e) for lines	18	19	22	26b	26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (SEE STATEMENT 18)					
(2004) 2,644,298. (2003) 330,644. (2002) 1,301,285. (2001) 14,070.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines:	15	16	17	20	21
	9,365,801.		110,079,220.		0.
d Add Line 27a total	4,290,297.	and line 27b total			
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 149,263,190.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 77.15 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.83 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31			
32	Does the organization maintain the following:				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c			
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----	32d			
33	Does the organization discriminate by race in any way with respect to:				
a	Students' rights or privileges?	33a			
b	Admissions policies?	33b			
c	Employment of faculty or administrative staff?	33c			
d	Scholarships or other financial assistance?	33d			
e	Educational policies?	33e			
f	Use of facilities?	33f			
g	Athletic programs?	33g			
h	Other extracurricular activities?	33h			
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35			

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is —	The lobbying nontaxable amount is —		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		-0-

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2005

Form **4562**

(Rev. January 2006)

Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2005Attachment
Sequence No **67**

Name(s) shown on return

POLYNESIAN CULTURAL CENTER

Identifying number

99-0109908

Business or activity to which this form relates

DEPRECIATION SCHEDULES ONLY**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses.....	1	\$105,000.
2	Total cost of section 179 property placed in service (see instructions).....	2	
3	Threshold cost of section 179 property before reduction in limitation.....	3	\$420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	14	
15	Property subject to section 168(f)(1) election.....	15	
16	Other depreciation (including ACRS).....	16	3,469,617.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005.....	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property.			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28.....	21	135,901.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.....	22	3,605,518.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.....	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 12/29/05

Form **4562** (2005) (Rev 1-2006)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
25 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25						
26 Property used more than 50% in a qualified business use:													
SEE STMT 19	VARIOUS	100.0	1,025,159.	1,025,159.		S/L	135,901.						
27 Property used 50% or less in a qualified business use:													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1													
							28	135,901.					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1											29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

2005

FEDERAL STATEMENTS

PAGE 1

POLYNESIAN CULTURAL CENTER

99-0109908

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	MACHINERY		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	42,782.		
COST OR OTHER BASIS:	50,219.		
		GAIN (LOSS)	-7,437.
		TOTAL GAIN (LOSS) OTHER ASSETS	\$ <u>-7,437.</u>
		TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	\$ <u>-7,437.</u>

STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

NIGHT SHOW MERCHANDISE & OTHER MERCH.	\$ 1,073,024.
FOOD SALES	18,448,870.
EDUCATIONAL MATERIALS, ARTS & CRAFTS	2,671,464.
GROSS SALES	\$ 22,193,358.
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 22,193,358.
LESS COST OF GOODS SOLD	6,296,972.
GROSS PROFIT FROM SALES OF INVENTORY	\$ <u>15,896,386.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

2004 HAWAII CAPITAL GOODS CREDIT	\$ 12,441.
2005 HAWAII CAPITAL GOODS CREDIT	-1,048.
CAPITAL CONTRIBUTION (STATEMENT 20)	350,000.
MINIMUM PENSION LIABILITY ADJUSTMENT	-424,710.
TOTAL	\$ <u>-63,317.</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT EXPENSE	-80,338.		-80,338.	
BANK FEES	414,409.	414,409.		
BUILDING MAINTENANCE	218,456.	218,456.		
CASH OVER/SHORT	10,618.	10,618.		
CONTRIBUTIONS	22,500.	22,500.		
DATA PROCESSING	46,831.		46,831.	
GENERAL FUND	1,022,483.	1,022,483.		
HAWAII GENERAL EXCISE TAX	1,137,006.	1,137,006.		
INSURANCE	738,675.		738,675.	
JANITORIAL	151,794.	151,794.		
LATE FEES	169.		169.	
LAUNDRY	162,289.	162,289.		
MEALS & ENTERTAINMENT	105,162.	94,646.	10,516.	
OTHER	7,437.		7,437.	
OTHER PROFESSIONAL FEES	574,492.	517,043.	57,449.	
PROFESSIONAL DEVELOPMENT	52,082.	45,311.	6,771.	
PROMOTIONS	140,612.	140,612.		
RESEARCH	111.	111.		
SPECIAL EVENTS	24,711.	24,711.		
SPOILED GOODS	603,579.	603,579.		
SUBSCRIPTIONS & DUES	91,397.	82,257.	9,140.	
TRANSPORTATION COSTS	4,027,014.	4,027,014.		
UNIFORMS	146,051.	146,051.		
VENUE FEES	25,994.	25,994.		
VIDEO & FILM AMORTIZATION	150,633.	150,633.		
TOTAL	\$ 9,794,167.	\$ 8,997,517.	\$ 796,650.	\$ 0.

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 2,327,523.	\$ 1,821,837.	\$ 505,686.
FURNITURE AND FIXTURES	2,327,325.	1,518,364.	808,961.
MACHINERY AND EQUIPMENT	20,949,745.	17,054,139.	3,895,606.
BUILDINGS	49,457,540.	26,649,514.	22,808,026.
IMPROVEMENTS	3,679,948.	2,375,416.	1,304,532.
LAND	9,836.		9,836.
MISCELLANEOUS	1,821,096.	0.	1,821,096.
TOTAL	\$ 80,573,013.	\$ 49,419,270.	\$ 31,153,743.

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

OTHER ASSETS	\$ 671,224.
TOTAL	\$ 671,224.

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED EMPLOYEE BENEFITS	\$ 261,794.
ACCRUED PAYROLL AND VACATION	950,758.
ACCRUED POSTEMPLOYMENT BENEFITS	568,157.
ACCRUED POSTRETIREMENT BENEFITS	2,021,049.
ACCRUED RENT	1,389,920.
ACCRUED WORKERS COMPENSATION	313,667.
DEPOSITS RECEIVED IN ADVANCE	306,094.
TOTAL	\$ 5,811,439.

STATEMENT 8
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

2004 HI CAPITAL GOODS TAX CREDIT	\$ 12,441.
GENERAL EXCISE TAX	-1,197,365.
TOTAL	<u>\$ -1,184,924.</u>

STATEMENT 9
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

2005 HAWAII CAPITAL GOODS TAX CREDIT	\$	1,048.
CASH DISCOUNTS		-298,482.
COST OF GOODS SOLD		-6,296,972.
RENTAL EXPENSES.. . . .		-355,298.
	TOTAL \$	-6,949,704.

STATEMENT 10
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

CASH DISCOUNTS	\$ 298,482.
COST OF GOODS SOLD	6,296,972.
RENTAL EXPENSES	355,298.
TOTAL	\$ 6,950,752.

POLYNESIAN CULTURAL CENTER

99-0109908

STATEMENT 11
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

GENERAL EXCISE TAX

TOTAL \$ 1,197,365.
 \$ 1,197,365.

STATEMENT 12
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BOYD P. MOSSMAN 121 ALA APAPA PLACE MAKAWAO, HI 96768	VICE-CHAIRMAN 0	\$ 0.	\$ 0.	\$ 0.
IRA A. FULTON 9140 S. KYRENE, SUITE 202 TEMPE, AZ 85284	DIRECTOR 0	0.	0.	0.
BRAD W. FARNSWORTH 436 EAST 2780 NORTH PROVO, UT 84604	SECRETARY 0	0.	0.	0.
V. NAPUA BAKER 55-061 LANIHULI STREET LAIE, HI 96762	DIRECTOR 0	0.	0.	0.
DONALD H. LIVINGSTONE 3275 N. 140 W. PROVO, UT 84604	DIRECTOR 0	0.	0.	0.
JAMES R. LONG 2348 SOUTH OCEAN BOULEVARD HIGHLAND BEACH, FL 33487	DIRECTOR 0	0.	0.	0.
RICHARD E. MARRIOTT 10400 FERNWOOD ROAD BETHESDA, MD 20817	DIRECTOR 0	0.	0.	0.
JOHN P. MONAHAN 50 POIPU DRIVE HONOLULU, HI 96825	DIRECTOR 0	0.	0.	0.
KALOLAINE M. SOUKOP 465 KAPAHULU AVENUE, SUITE 2B HONOLULU, HI 96816	DIRECTOR 0	0.	0.	0.
MARK H. WILLES 4343 SHEFFIELD DRIVE PROVO, UT 84604	CHAIRMAN 0	0.	0.	0.

POLYNESIAN CULTURAL CENTER

99-0109908

STATEMENT 12 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VON ORGILL 55-453 NANILOA LOOP LAIE, HI 96762	PRESIDENT 40	\$ 252,669.	\$ 21,384.	\$ 35,400.
P. ALFRED GRACE P.O. BOX 191 LAIE, HI 96762	VP SALES 40	180,613.	19,919.	0.
JAMES N. HOPKINSON 55-465 NANILOA LOOP LAIE, HI 96762	VP FINANCE 40	170,629.	19,809.	0.
JOHN MUAINA 55-462 IOSEPA STREET LAIE, HI 96762	VP HUMAN RES. 40	115,705.	17,612.	0.
LOGOITINO APELU PO BOX 359 LAIE, HI 96762	VP OPERATIONS 40	171,423.	12,984.	0.
	TOTAL	\$ 891,039.	\$ 91,708.	\$ 35,400.

STATEMENT 13

FORM 990, PART VI, LINE 80B

RELATED ORGANIZATIONS

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, THE	X X	

STATEMENT 14

SCHEDULE A, PART I

COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
ORLIN CLEMENTS 55-370 KAMEHAMEHA HW LAIE, HI 96762	PHYS. FAC. DIR. 40	99,618.	16,698.	0.
FREDDIE CAMIT 58-114 MAMAO ST HALEIWA, HI 96712	CHIEF INFO. OFF 40	121,325.	9,335.	0.
LESLIE STEWARD 55-641 NANILOA LOOP LAIE, HI 96762	ASST. TO PRES. 40	97,190.	12,474.	0.

STATEMENT 14 (CONTINUED)
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
LAWRENCE YUEN 54-285 KAWAIPUNA PLACE HAUULA, HI 96717	CONTROLLER 40	94,224.	4,140.	0.
DELSA MOA 55-706E WAHINEPEE STREET LAIE, HI 96762	DIRECTOR CULTUR 40	102,524.	7,888.	0.
	TOTAL	\$ 514,881.	\$ 50,535.	\$ 0.

STATEMENT 15
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

THE CENTER LEASES RENTAL HOMES TO CERTAIN EMPLOYEES. RENTAL INCOME FROM THESE HOMES AMOUNTED TO \$75,830 IN 2005.

STATEMENT 16**FORM 990, PART III and PART VIII**

The Polynesian Cultural Center (the Center) and its next door neighbor, Brigham Young University - Hawaii Campus (BYU-HC) both were established and are wholly controlled by the Church of Jesus Christ of Latter-day Saints (the Church). The Polynesian people have special significance in the Church doctrine, and the Church has been active in the Polynesian Islands since very soon after its establishment in the United States in the 1830's. It conducts many activities in Polynesia intended to improve, both spiritually and economically, the lives of its members there, most of whom live in what are commonly termed "disadvantaged" communities and "underdeveloped" nations.

One of the main thrusts of the Church in Polynesia is to educate its members to enable them and their communities to adapt to and be self-sufficient in the encroaching modern world and yet not to abandon or lose respect for their native cultures or themselves. In furtherance of this objective, the Church has established BYU-HC (initially known as Church College of Hawaii) and the Center. BYU-HC was opened in 1955. Its primary purpose is to provide a college education for Polynesian students who would not otherwise have that opportunity. BYU-HC and the Church actively recruit Polynesian high school students with college potential to attend BYU-HC, obtain an education and then return to their home nations and communities and help improve them, economically and otherwise. The Church substantially subsidizes BYU-HC, which charges tuition far below that charged by most private colleges. Nevertheless, most of the students have no money to pay living expenses, transportation or tuition, however low. Most of the students also lack job experience and skills and do not speak English fluently when they first enroll.

The Center was opened in 1963 as an integral part of the overall Church program in Polynesia and specifically as an adjunct to BYU-HC. The Center operates an authentic living museum of the native cultures of seven major Polynesian Islands — Samoa, Fiji, New Zealand (Maori), Tahiti, Marquesas, Tonga and Hawaii. It employs BYU-HC students from these islands as part-time workers in all aspects of the Center's operations. During 2005, the Center employed an average of 773 BYU-HC students, representing approximately 59 percent of its work force. Such employment is intended to, and does, accomplish the following purposes with respect to such students:

- Teaching them the traditions of their native cultures which are threatened by modernization.
- Instilling in them pride and respect for their own cultures (and themselves) and respect for other cultures.
- Giving them a first job experience and on-the-job training.
- Giving them an experience in sustaining themselves in the modern Western world.
- Enabling them to work their way through college.

(continued)

STATEMENT 16 - continued
FORM 990, PART III and PART VIII

In addition, the broader cultural and educational functions performed by the Center include the preservation and exhibition to the visiting public of important aspects of each of the Polynesian cultures represented, including:

- Authentic replicas of representative village structures in typical settings
- Daily living activities such as cooking
- Agriculture
- Artifacts
- Arts and crafts (both the objects themselves and the skills)
- Costumes
- Traditions
- Songs and dances (which have a far more significant role in Polynesian cultures than in most Western cultures)

The Center also conducts, directly and indirectly, scholarly research necessary to assure the authenticity of the Center's activities and to foster the preservation and appreciation of Polynesian cultures.

In addition, the Center performs a vital role in the extensive missionary activities of the Church; both directly, by providing a free informative tour of the Church's nearby Temple Grounds (approximately 28,000 of the Center's visitors experienced this tour in 2005), and indirectly, by exposing the Center's visitors to the Polynesian student employees and through them, to the Church's overall program in Polynesia which is a very worthwhile and impressive phase of the Church's activities.

The revenues listed in Part VII are generated primarily by charges paid by visitors to the Center for admission to the village complex. In addition, since many visitors spend most of the day and evening at the Center and the location of the Center is somewhat remote, a cafeteria-style dining facility and snack bars are provided for their convenience. Sales of food in these facilities contribute gross receipts as indicated.

Approximately 800,000 guests visited the Center in 2005.

STATEMENT 17
FORM 990, PART VIII

The Center sells Polynesian cultural and educational materials, arts and crafts to the visiting public. These items are related to the Center's exempt purposes, and the sale of these items helps promote the Center's cultural and educational purposes.

STATEMENT 18
SCHEDULE A (FORM 990), PART IV-A, LINE 27

For the years ended December 31, 2001 through and including 2004, other than the contributions disclosed in Schedule A, Part IV-A, Line 27 a), the Center did not receive any gifts, grants, contributions, membership fees or gross receipts from admissions, sale of merchandise or services, or furnishing of facilities in any tax-exempt activities from any "disqualified person" except that certain disqualified persons may have paid for admission to the Center or purchased merchandise from the Center. The Center's accounting system does not include the data necessary to calculate the amount of such payments or purchases; however, the Center believes such amounts to be insignificant and de minimus.

STATEMENT 19
FORM 4562, PART V, LINE 26
DEPRECIATION - LISTED PROPERTY

Type of Property	In-Service Date	Business Use %	Cost	Depr Method	2005 Deprec Expense
Jeep Pickup	Jun-97	100%	7,500	SL-3 yr	-
Chevy S-10 truck	Dec-97	100%	14,000	"	-
Chevy S-10 truck	Dec-97	100%	14,000	"	-
Chevy 1-ton flatbed	Jan-98	100%	25,335	"	-
Ford F-250 Truck	Feb-98	100%	20,151	"	-
Ford E-350 Van	Mar-98	100%	32,120	"	-
Metro Tram	Jan-00	100%	55,175	SL-5 yr	-
Metro Tram	Jan-00	100%	55,177	"	-
Astro Van	Mar-00	100%	23,886	SL-3 yr	-
Astro Van	Mar-00	100%	23,675	"	-
Astro Van	Mar-00	100%	23,047	"	-
Astro Van	Apr-00	100%	23,994	"	-
Honda Van	Jul-00	100%	27,849	SL-3 yr	-
Ford Escort Sedan	Dec-00	100%	5,125	"	-
Ford Escort Sedan	Feb-01	100%	4,975	"	-
Ford E-350 Van	Jun-01	100%	27,132	"	-
Ford Escort Sedan	Jun-01	100%	4,925	"	-
Toyota Avalon	Jul-01	100%	27,310	"	-
Ford Escort Sedan	Oct-01	100%	4,750	"	-
Gem Electric Car	Dec-01	100%	10,300	"	-
Gem Electric Car	Dec-01	100%	10,300	"	-
Gem Electric Car	Dec-01	100%	10,300	"	-
Gem Electric Car	Dec-01	100%	10,300	"	-
Ford Escort	Jan-02	100%	5,000	"	-
Ford Ranger	Apr-02	100%	13,298	"	1,103
Ford Ranger	Apr-02	100%	13,298	"	1,103
Ford Ranger	Apr-02	100%	13,298	"	1,103
Honda CRV	May-02	100%	19,904	"	2,212
Ford Escort	Jun-02	100%	5,000	"	694
Ford Escort	Jul-02	100%	3,975	"	663
Ford Club Wagon	Aug-02	100%	21,299	"	4,142
Ford Escort	Sep-02	100%	3,575	"	794
Ford Escort - Used	Mar-03	100%	2,950	"	983
Ford Escort - Used	Mar-03	100%	2,950	"	983
Honda CRV	May-03	100%	20,130	"	4,026
Le Sienna Van	Jun-03	100%	27,530	SL-5 yr	5,506
Ford F-350 Truck	Jul-03	100%	36,108	"	7,222
Ford Escort	Jul-03	100%	3,525	"	705
Ford Escort	Jul-03	100%	3,475	"	695
Le Sienna Van	Aug-03	100%	29,516	"	5,903
Supreme 5000 Series Tram	Nov-03	100%	110,365	"	22,073
Ford Van	Feb-04	100%	39,206	SL-3 yr	13,068
Ford Ranger truck	Mar-04	100%	13,953	"	4,651
Honda CRV	Mar-04	100%	20,260	"	6,753
Ford Focus	Mar-04	100%	4,725	"	1,575
Ford Focus	Mar-04	100%	4,725	"	1,575
Ford Focus	Mar-04	100%	4,725	"	1,575
Ford 4x2 Truck F250	Apr-04	100%	22,565	"	7,522
Ford Focus	Apr-04	100%	4,175	"	1,392
Ford Focus	Apr-04	100%	4,275	"	1,425
Rich Crown Standup Lift	Sep-04	100%	22,346	"	7,449
Chevy Astro Van	Dec-04	100%	23,200	"	7,733
Ford Pickup Truck	Dec-04	100%	15,646	"	5,216
Ford Pickup Truck	Dec-04	100%	15,621	"	5,207
Mazda Protégé	Jan-05	100%	6,275	"	2,092
Mazda Protégé	Jan-05	100%	6,350	"	2,117
Mazda Protégé	Jan-05	100%	6,325	"	2,108
Mazda Protégé	Jan-05	100%	6,275	"	2,092
Mazda Protégé	Feb-05	100%	7,990	"	2,441
			1,025,159		135,901

STATEMENT 20
FORM 990, PART I, LINE 20; FORM 990 STATEMENT 3

During the year ended December 31, 2005, the Center received a \$350,000 contribution from The Church of Jesus Christ of Latter-day Saints. The Center recorded this contribution in its accounting records as a capital contribution in accordance with Statement of Financial Accounting Standards No. 116, "Accounting for Contributions Received and Contributions Made." This contribution is also reflected as a capital contribution in the Center's audited financial statements which are prepared in accordance with Statement of Financial Accounting Standards No. 117, "Financial Statements of Not-for-Profit Organizations." Accordingly, this contribution is reflected in the Form 990 as a capital contribution consistent with the Center's audited financial statements.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II. Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	POLYNESIAN CULTURAL CENTER	99-0109908
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	55-370 KAMEHAMEHA HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LAIE, HI 96762	

Check type of return to be filed (File a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of **LARRY YUEN**

Telephone No **(808) 293-3171**

FAX No.

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15**, 20 **06**.

5 For calendar year **2005**, or other tax year beginning , 20 , and ending , 20

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Gary J. Myers**

Title **CPA**

Date **8-15-06**

Notice to Applicant – To be Completed by the IRS

- ☒ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

Director

By

Date

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	LAKE, HILL & MYERS
	Number and street (include suite, room, or apartment number) or a P.O. box number
	6695 SOUTH 1300 EAST
	City or town, province or state, and country (including postal or ZIP code)
	SALT LAKE CITY, UT 84121